

An Address ON POST-GRADUATE MEDICAL EDUCATION IN ENGLAND.

DELIVERED BEFORE THE MANCHESTER MEDICAL SOCIETY
BY

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POST-GRADUATE education in England from the medical graduate's point of view is very unsatisfactory. The clinical opportunities available in London, and in some of the large provincial centres, Manchester especially, are unrivalled. In London post-graduate medical education is carried on by (1) the Fellowship of Medicine and Post-Graduate Medical Association; (2) intensive and revision courses held at the undergraduate medical schools; (3) clinical assistantships, and other short period clinical posts in hospitals, either with undergraduate medical schools or non-teaching hospitals; (4) courses on tropical medicine and hygiene at the London School of Hygiene and Tropical Medicine.

1. *The Fellowship of Medicine and Post-Graduate Medical Association.*

This body is in the main an association of teachers of medicine who have made arrangements with a number of the undergraduate hospitals and medical schools, and a large number of the non-teaching hospitals, general and special, to give them clinical facilities.

This Fellowship of Medicine and Post-Graduate Medical Association has for its administrative quarters a small amount of accommodation—one room on the top floor—in the Royal Society of Medicine's house at 1, Wimpole Street. The permanent administrative staff, as far as I am aware, consists of (1) a lady, who devotes the whole of her time to the duties, and is assisted by a lady clerk; and (2) two honorary secretaries, medical men attached to non-teaching hospitals, who devote a small amount of time to its organization. The administrative body is a large committee or council, consisting of 112 members, and an executive committee. The executive committee down to this year consisted of twenty members, but this year the number has, I understand, been reduced to seven. Practically all the work of the Post-Graduate Association, however, as regards its administrative dealings with students, is carried on by the lay lady clerk or secretary and her assistant.

The constitution of the Fellowship of Medicine and the Post-Graduate Medical Association (which were originally separate bodies, but were united in 1919) is a loose one, since it is not incorporated by royal charter as a corporate institution, or by registration as a similar body under the Companies Acts. One result of this loose constitution and the exceedingly poor administrative organization, in my opinion, has been the greatly delayed further development of post-graduate medical education in London. For a considerable period I was a member of the General Council of this body as the representative of the Faculty of Medicine of the University of London, and consequently had a good opportunity of observing some aspects of the working. The inner workings of the executive committee, however, I was never intimately acquainted with, as I was never elected as a member of that body.

This Fellowship of Medicine and Post-Graduate Medical Association has been in existence in its present form for about six years. Before that there existed two bodies—(1) the London Post-Graduate Association, or School or College, founded in 1917; and (2) the Fellowship of Medicine, founded in 1918. A post-graduate teaching body, at one time called the Polyclinic, existed in one form or another from its commencement by the late Sir Jonathan Hutchinson at his Clinical Museum until the early part of the war. A study of the prospectus of this Fellowship of Medicine and Post-Graduate Medical Association shows that at the present time there are seven undergraduate hospitals and schools and forty-two non-teaching general

and special hospitals taking part in its activities. The total teaching staff would appear to be several hundreds. The number of students who took advantage of the courses provided by the Fellowship of Medicine and Post-Graduate Medical Association during the past year was 399.

The facilities provided are either general or special, and consist of (a) admission to the clinical practice of the various hospitals; (b) periodical regular intensive courses in general and special subjects of limited duration, of two, three, or four weeks, as the case may be; and (c) special lectures in different branches of medicine. These latter are given at individual hospitals or schools, or at the rooms of the Royal Society of Medicine. In many cases the lectures consist of clinical demonstrations of select and rare clinical cases.

The loose organization of this body and the large number of places available for instruction has made it difficult for a prospective post-graduate student to decide how to obtain the instruction in clinical practice which he requires. Instruction in the basal scientific subjects of medicine in the main has only been available at the undergraduate schools. One result of the large and indiscriminate number of places of post-graduate medical study available has been that, in comparison with the receipts, the expenses of carrying on the work of the Fellowship of Medicine and the Post-Graduate Medical Association are very considerable; and there have been practically no funds to remunerate those teachers who have taken part in the courses of instruction. The 1924 balance sheet shows that approximately £2,668 was received as fees from students and payment for courses. Of this amount £1,505 was paid to the hospitals as remuneration for teaching services and for expenses.

In my opinion the main causes of the comparative failure of the Fellowship of Medicine and Post-Graduate Medical Association are: the non-corporate existence of the body, its non-association with a supreme medical body, such as the University of London or the Royal Colleges of Physicians and Surgeons, the lack of a centrally situated general hospital of sufficient size and entirely devoted to post-graduate medical instruction, and the absence of a central administrative building under the control of a medical post-graduate dean, with an appropriate administrative staff.

2. *Intensive and Revision Courses held at the Undergraduate Medical Schools.*

Many of the undergraduate medical schools in London provide an intensive and revision course of two or three weeks' duration once a year, usually in the long vacation, for post-graduate students. In the main these courses have been intended for the old students of the school concerned, and to them has been given priority as regards entry. Within certain limits these courses have been comparatively successful. They do not, however, meet the main wants of post-graduate medical education, and are only suitable for intensive revision by general practitioners, but not for advancement of knowledge and increased experience in special subjects.

3. *Clinical Assistantships and other Short Period Clinical Posts in Hospitals.*

A considerable number of these posts have been created and are available in the hospitals attached to the undergraduate schools. In the main they are open alike to members of the undergraduate school or to post-graduate medical students from elsewhere when the students of the undergraduate school are insufficient to fill them. In many instances absence of regular courses of instruction in connexion with these clinical posts or appointments has diminished their value, and post-graduate medical students also have not been attracted owing to the fact that they have to work on equal terms with undergraduate students. In practice, in my experience, it has always been found that a mixture of undergraduate and post-graduate students in medicine for teaching purposes is unsatisfactory. They do not work well together. The undergraduate distrusts the post-graduate student and looks upon him as an intruder, whilst the post-graduate student objects to working with and being classed along with the undergraduate.

Until recently separate post-graduate courses of medical

instruction were carried on at certain non-teaching hospitals: (a) the Seamen's Hospital, Greenwich; (b) the West London Hospital; (c) the Royal Northern Hospital; and (d) the Prince of Wales's General Hospital at Tottenham.

During the war all these courses of instruction were discontinued, and since the war they have in the main become almost entirely merged in the Fellowship of Medicine and Post-Graduate Medical Association. I believe, however, that the Seamen's Hospital still gives a course of instruction in operative surgery on the dead body. This is possible for that institution, owing to the fairly large amount of material which is available for the purpose. It would appear, however, that the courses held there are open both to undergraduates and graduates, but they are mainly made use of by graduates preparing for university examinations, or by candidates for the Fellowship of the Royal College of Surgeons of England. The Prince of Wales's Hospital at Tottenham and the West London Hospital at Hammersmith have still post-graduate medical schools.

The groups which I have enumerated comprise, as far as I know, all the fixed courses of post-graduate instruction in medicine in London.

As regards the success of the courses, it appears from the balance sheet of the Fellowship of Medicine and Post-Graduate Medical Association that during the year 1924 the total receipts amounted to £1,565 14s. 10d. in respect of fees from post-graduates, and £1,102 9s. 3d. in respect of courses. The total income of the Fellowship of Medicine and Post-Graduate Medical Association in 1924 was £2,872 14s., of which £2,668 was provided by fees in respect of students and for courses, £138 6s. 8d. by subscriptions, £3 2s. by donations, and the remainder as interest on bank deposits and funding loan bonds. The total expenses apparently were £220 8s. 4d. less than the total receipts. The amounts which were available for the payment of hospitals in respect of courses, and expenses in connexion with them, was £1,505. This amount, I assume from the statements in the balance sheet, includes the fees paid to lecturers and others who took part in the instruction.

This statement seems to prove that as at present arranged the post-graduate instruction in London is not a great success, and may be regarded as a failure, since the number of hospitals taking part in the course is forty-nine and the number of teachers apparently several hundreds.

4. Tropical Medicine and Hygiene.

The London School of Tropical Medicine and Hygiene has given regular courses of instruction with clinical work for a number of years. At first these were carried on at the Branch Hospital of the Seamen's Hospital at the Albert Dock, and more recently at the School of Tropical Medicine in Endsleigh Gardens. This school has been taken over and is now carried on by the London School of Hygiene and Tropical Medicine recently constituted by Royal Charter. This was rendered possible by the munificent gift of the Rockefeller Trustees of 2,000,000 dollars and the promise of an annual grant of £25,000 from the Government towards its maintenance. This school is very flourishing, and is an example of what a post-graduate medical school ought to aim at.

In the provinces some of the medical schools—Manchester, Liverpool, Newcastle, Bristol, Birmingham—give instruction in post-graduate subjects by means of lectures at stated intervals, and occasionally, I believe, by short intensive revision courses. Otherwise there does not appear to be any further systematic instruction in the provincial schools, with the exception of Liverpool, where there is an excellent school of tropical medicine. There are, however, in some of them clinical assistantships and resident posts similar to those in London. In some of the large medical centres a system of post-graduate education by means of lectures and demonstrations has been arranged by the local Branches of the British Medical Association. These, however, are limited, I understand, to members of the Association, and cannot be looked upon in any wise as regular courses of post-graduate medical instruction. The Liverpool School

of Tropical Medicine provides an excellent course of instruction and clinical facilities in tropical medicine.

At the commencement of the union of the Fellowship of Medicine and the Post-Graduate Medical Association apparently all the undergraduate schools in London took part in the combination. Since then, however, owing to the non-success of the arrangements, and the unsatisfactory results from the combination of instruction of undergraduates and post-graduates together, several of the schools, such as St. Bartholomew's, Guy's, University College Hospital, and Middlesex, now take no part in the association.

As regards fees, the fees charged by the association for courses of instruction in March, 1925, were: One week, £2 2s.; two weeks, £3 3s.; one month, £5 5s.; two months, £9 9s.; three months, £12 12s.; six months, £18 18s.; one year, £21. These fees entitle the holder of the ticket to attendance at all the hospitals comprised within the combination, and upon most of the special courses held during the period of the validity of the ticket. Certain special courses, however, were excepted, and for attendance on these special fees were necessary.

I think I may state that without exception it is impossible to carry on satisfactorily any form of scientific instruction, such as is necessary in medicine, on fees which are paid by the student alone. It has been found in practice that in order to carry on successfully courses of instruction in medicine the minimum which can be expected for fees should not be more than 50 per cent. and probably 33 per cent. This fact, in my opinion, in addition to those I have already mentioned, is one of the main causes of the failure of post-graduate medical education in London and the provinces. One result of the non-payment of teachers giving instruction in medicine is that the attendance of the teachers is liable to be irregular, and also there is a great temptation for the instruction to be in the main an advertisement of the lecturer.

At the present stage I should like to refer to an aspect of post-graduate medical education which is an important one. In the past the medical department of the navy and the medical department of the army have been accustomed to make arrangements with certain metropolitan medical schools for the carrying out of a course of instruction to batches of officers in the Naval Medical Service or in the Army Medical Service. In my opinion the method of instruction given in these cases has not been of the right kind. Each batch, or class, has been allotted to one or two members of a hospital staff, who have given them instruction at stated periods. The instruction has merely been of the type of class demonstration or lecture. This is not sufficient for members of the Naval Medical Service or the Army Medical Service, who may not have had any practical dealings with patients for extended periods. Such men ought to be given definite clinical posts in hospitals, to which posts are attached the care and treatment of patients.

Post-Graduate Medical Education in England as it should be.

In my opinion it is essential, in the arrangement of post-graduate courses of instruction in medicine, that each centre should be first of all under the direct control of some body, such as a university, or in London the Royal Colleges of Physicians and Surgeons. Each school or faculty of post-graduate instruction should have its own organizing dean and administrative staff, with separate administrative offices and separate general and special hospitals and scientific laboratories.

In the case of London, which is a special one, I think the best course to pursue would be to create a post-graduate medical college or school, which should be a school of the University of London. This school, or college, should have (1) administrative offices, the staff of which should consist of a whole-time dean of the post-graduate medical college and requisite clerical assistance; the dean, in my opinion, should have had a medical education and also training in the administration and organization of medical education; (2) a general hospital of at least three to four hundred beds, which should be centrally situated, and, if possible, the administrative office and the school should be located in close proximity to, or in the buildings of, this hospital. If the hospital contained 400 beds the beds might be

allocated: 100 to general medicine; 100 to general surgery; 50 to gynaecology; and the remainder divided between the special departments. One hundred beds allocated to general medicine and general surgery respectively would allow for the formation of two clinical units in each division, and one unit in obstetrics and gynaecology. The number of beds allocated to the other special branches might vary according to the possibilities of making use of large special hospitals. In connexion with the staff in medicine and surgery and obstetrics and gynaecology, in my opinion, one unit in medicine, one in surgery, and one in obstetrics and gynaecology, ought to be under the direction and in charge of a university professor. This university professor should have general charge of the administration of the whole of the beds allocated to his subject; but the second and possibly third units in medicine and surgery, although from an administrative point of view under his general direction as regards teaching facilities of the professor, would be otherwise quite separate and distinct.

As to whether the university professors in charge of these units should be whole-time posts or not is a matter of opinion. In London for the past five years the system of the whole-time professor in medicine and surgery, and in one case midwifery, has been on trial. In the main, I think the units have been satisfactory, perhaps more so in medicine than in surgery. They have generally increased the level of teaching and instruction in a school by first of all improving the teaching, etc., in the professorial unit and this has reacted on the non-professorial units and so brought them more or less to a similar higher level. The special type of man who is suitable for appointment to one or these posts is not easily found. Each professor of a clinical subject in medicine is expected to be (a) an authority in his special part of medicine; (b) a good teacher and lecturer in his subject; (c) a good clinician, and, in the case of surgery and gynaecology, a good operator; (d) a good organizer and administrator; (e) a good researcher or director of research; and (f) a presentable man of the world who is capable of dealing satisfactorily with and meeting on their own level all kinds of men and women authorities in his own special subject. It will be seen from this that the ideal professor in the clinical subjects requires to be an extremely capable man, well versed in every branch of his subject. In the past it has been found difficult to obtain for these posts candidates who possess all the qualities which are desirable. This in part is due to the fact that such combinations are rare to find in the same individual, and the pecuniary attractions of the posts in the past have not been sufficient to attract the most suitable candidates.

Concerning the provision of a special general hospital in London allocated for post-graduates' medical education it is essential that the hospital should be in a central position and readily accessible from all parts. At the present time there are twelve general hospitals to which undergraduate medical schools are attached. In my opinion this number is far too great, and the most sensible and practical method would be to detach one or two of these hospitals from undergraduate medical instruction and to turn them into post-graduate hospitals and schools. In theory this might sound to be quite an easy matter; in practice, however, it has been found very difficult.

During the period when I was Vice-Chancellor of the University of London I made a serious attempt to establish a post-graduate school commencing on these lines. I found, however, in discussing the matter with the authorities of the schools, that there were no schools which were willing to fall in with such a scheme. From the negotiations which took place, and in which I took part, it seemed to me that one of the main causes of the extreme reluctance of one or more of the present undergraduate schools to become entirely a post-graduate school was either the insufficient financial aid which the university could primarily offer, or the disinclination of the school to make a change. There is one factor, however, in connexion with the constitution of the medical schools in London which makes it difficult for them to deal with a matter of this kind. In the main each medical school is governed by a committee of the medical staff of the hospital, in some cases supple-

mented by additional members from the lay governing body. The individual schools in the main have no separate corporate existence, with the exception of the Medical College of St. Bartholomew's Hospital, and the Medical School of University College Hospital, and it is necessary when dealing with Government departments, or large institutions, such as the University of London or the Colleges of Physicians and Surgeons, for negotiations to be carried through secondarily by the governing body or committee of the hospital, the composition of which is chiefly lay in character. This reluctance on the part of the present undergraduate hospitals, and the unsuitability of any of the existing non-teaching hospitals, may necessitate the establishment of a new hospital for the purpose. It does not appear to me that any of the present non-teaching hospitals in London are suitable for establishing at them a central post-graduate clinical school such as is required. This unsuitability is due in the main either to the insufficient size and accommodation of the hospital or to its inaccessible and non-central position.

When the central hospital has been established, with it there ought to be associated a number of large special hospitals. I would include amongst these the following:

Ophthalmic.—Moorfields, Westminster Ophthalmic Hospital, Central London Ophthalmic Hospital, and possibly the South London Ophthalmic Hospital.

Midwifery and Gynaecology.—Hospitals which might be used for this purpose are the Samaritan Hospital for Women, Queen Charlotte's Maternity Hospital, York Road Lying-in Hospital, Royal Waterloo Hospital for Children and Women.

Orthopaedic.—Royal National Orthopaedic Hospital.

Oto-Rhino-Laryngology.—Hospital for Diseases of the Throat, Golden Square; Hospital for Diseases of the Ear, Gray's Inn Road; Hospital for Diseases of the Ear, Soho.

Children's Diseases.—Hospital for Sick Children, Great Ormond Street; Hospital for Sick Children, Paddington Green; and the Evelina Hospital for Sick Children, Shadwell.

Diseases of the Nervous System.—National Hospital for the Paralysed and Epileptic, Queen Square, and the Maudsley Hospital.

In order to make all these special hospitals suitable for teaching and for carrying on post-graduate medical education it would be necessary in many instances for the hospitals to improve their pathological and scientific facilities. This, however, ought not to be a difficult matter, since if a real first-class post-graduate school were established on the lines indicated, all that would be necessary would be for the central governing body of the school to make it a condition for hospitals entering into such a post-graduate scheme to equip themselves in a first-class manner and bring their pathological and scientific departments up to date. In addition to provision of a general hospital with its associated special hospitals, it would be necessary to have laboratories devoted to the various branches of pathology, which would be available for post-graduate students. If one of the existing medical schools were utilized, the laboratories in connexion with the school selected might possibly, with additions, meet the case.

Public Health and Hygiene.

This special subject, essentially a post-graduate one, is now on the way to a satisfactory solution in London. By the munificence of the Rockefeller Trustees the London School of Hygiene and Tropical Medicine, a school of the University of London, has been founded. A site has been obtained in a central position between University College and the British Museum, and the building will soon be erected. The site has cost a little over £50,000, and about £375,000 is to be expended on the building. From the plans of the building, which I have seen, and the plans of organization now being evolved, I have little hesitation in asserting that this School of Hygiene and Tropical Medicine will be second to none in the world.

I hear that plans are being evolved for the possible establishment of an institute of forensic medicine on extensive lines. The establishment of such an institute is essential if London is to maintain its position as one of the great centres of medical education.

In association with the central hospital it would be a great advantage to have the clinical facilities of some of the Poor Law infirmaries and hospitals of the Metropolitan Asylums Board available, since in these institutions many

varieties of disease, especially chronic diseases, can be studied, which cannot readily be met with in the ordinary general hospital. In the past it has not been an easy matter to make arrangements of this kind with the Poor Law infirmaries, since these institutions are under the control of boards of guardians, who appoint their own medical staff, and they do not like to be in any way interfered with by the authorities of a teaching school. I have no doubt, however, that if a post-graduate school were established, with a proper government and as part of a big university system, such difficulties could readily be overcome.

When a post-graduate medical school has been established on the lines which I have indicated it will be a great advantage to have in close proximity to the central hospital and the administrative offices a residential hostel where post-graduate students might live a more or less temporary collegiate life.

Such is an outline of what I suggest as the best provision for post-graduate medical teaching in London.

As regards the provinces, I think certain centres might have a post-graduate school established on the lines I have already indicated in connexion with London. I know of no other place in the provinces where a school could be established with greater advantage than in Manchester. Here you have a university in the centre of an area of population as large almost as that of the metropolis, attached to which is a complete undergraduate medical school. If a post-graduate medical school were established entirely distinct in its organization and detached administration from the undergraduate one, I think it ought to be a great success, and possibly an example of what could be done in other places. I understand that there are here two large general hospitals distinct from the general hospital attached to the undergraduate school, and also a number of special hospitals which might be utilized in a similar way.

Staffing of a Post-Graduate Hospital.

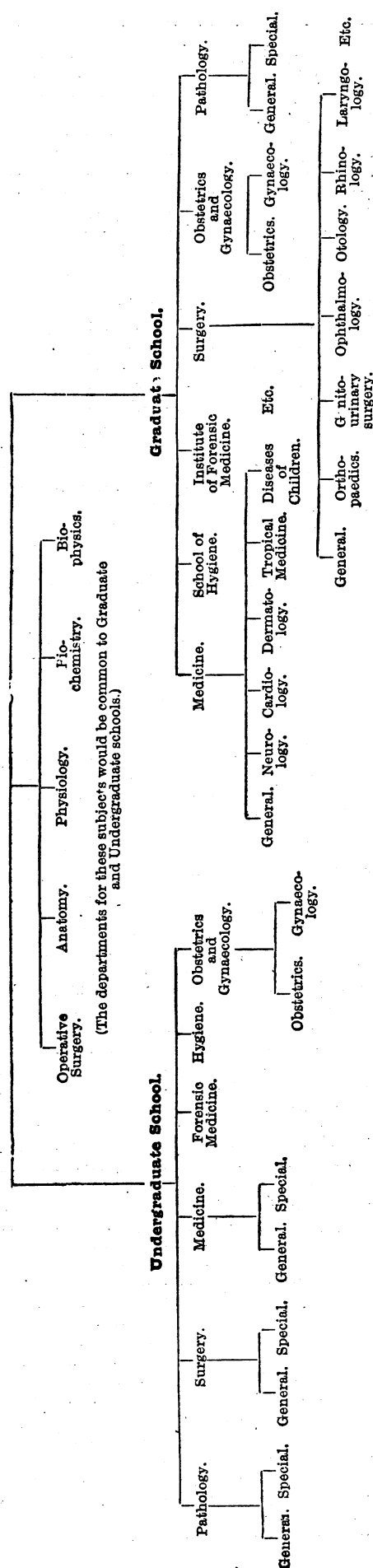
There is one point of very great importance in the establishment of a post-graduate school of medicine which still requires serious consideration, and which in my opinion will present numerous difficulties: this is the selection, arrangement, and appointment of a suitable staff for the newly established post-graduate hospital. From this point of view I have little doubt that the easiest and best method of procedure would be to create an entirely new hospital, the staff of which could be completely organized on a definite post-graduate teaching plan. The great objection to creating such a hospital is the question of expense. Since, however, it is so very essential for the good of the community and for the retention and improvement of the position of London as one of the important medical teaching centres of the world, I think this ought to be done if it is not possible to utilize one or more of the undergraduate schools. If such a plan is decided upon, it would not be difficult to find a central site suitable for the purpose upon which could be erected (a) a post-graduate hospital; (b) associated scientific laboratories; (c) administrative buildings; and (d) a hostel for the residence of students. A portion of the site now occupied by the Foundling Hospital, which has recently been sold, and is, I understand, available, might be considered.

In connexion with the permanent staff of the post-graduate hospital it might be an advantage to arrange that one or more units should not have a permanent clinical head allocated to them, but should be available for utilization by authorities and specialists in special subjects from other hospitals. Such teachers might be seconded for a session or period from their parent hospital in order to give advanced courses of instruction in their special subjects in the post-graduate school. An idea of this kind, I think, was in the mind of those who drafted the report of the Athlone Commission on Post-Graduate Medical Education in London. The size of a unit of this kind need not be more than twenty or twenty-five beds. Probably two units of this size—one medical and one surgical—would suffice.

SCHEME FOR A COMPLETE FACULTY OF MEDICINE.

UNIVERSITY OF X.

FACULTY OF MEDICINE.



Finance.

If a scheme of this kind is finally adopted it will be necessary that a considerable sum of money should be provided, either from public funds or from large private benefactions, for upkeep of the school and maintenance of the hospital. As regards the amount of money required, it is essential in estimating this that provision be made for the payment of a dean and administrative staff, reasonable payment for those teachers who take part in the various courses, also for the proper payment of any full-time university professorships which may be tenable in the school.

One of the constant aims in the organization of the courses of instruction in the post-graduate medical school ought to be regular courses of practical instruction associated with and followed by clinical appointments which involve the examination of patients and their treatment. This is a part of post-graduate medical education which has been very neglected in the past. This is due, to a great extent, to the lack of laboratory facilities and the personnel for teaching. The provision of courses of this kind is essential if the best type of our own graduates, and also graduates from the colonies and other countries, are to be attracted to the post-graduate schools. Some people have objected to making the post-graduate schools a source of attraction to colonial, and especially to foreign, students. With this view I strongly disagree, as I think that if our position is to be maintained, and, if possible, enhanced, as a seat of advanced medical learning, then we must have colonial and foreign students who will carry back to their countries of origin an account of our resources and our reputation.

In connexion with the medical branches of our combatant services a certain proportion of the resident staff appointments and clinical assistantships ought always to be available for members of these services. If a post-graduate school on the lines mentioned is established it ought to be the centre of post-graduate clinical medical instruction for members of the medical services of the Army, the Navy, and the Air Force. It is only by the provision of facilities such as have already been detailed that one may expect that the members of these medical services shall be able periodically to revise their knowledge and bring it up to date. No method of revision courses such as is at present practised in our general hospitals, mainly by lecture and class demonstration, is sufficient for the purpose. Full provision ought also to be made for carrying out research in the various branches of medicine.

In connexion with post-graduate medical education there is one point which, so far as I know, has not yet been touched upon. This is the post-graduate education of nurses. The nursing profession is a most important adjunct in carrying on successfully diagnosis and treatment of disease. This being so, it seems logical and natural that nurses should have facilities provided for them where they can undergo post-graduate education on the lines similar to those in connexion with the medical practitioner.

I have not yet dealt with one aspect of the problem which, in my opinion, is of considerable importance—this is, what process of "hall-marking" shall be adopted by the post-graduate medical school, or the university to which it belongs, after a satisfactory course of instruction has been attended? For students who attend special courses for short periods, say up to one year, the present diplomas in special subjects of the Royal Colleges of Physicians and Surgeons and of some of the universities would probably be sufficient. If, however, a student should devote, say, three years to a continuous course of post-graduate medical education, it might be advisable to give him, in the case of a university, some form of special degree. This might be either a Doctor of Philosophy, or a Doctor, or Bachelor, or Master of Medical Science. In any case, such a degree ought not to be a registrable one. On general principles I should not be in favour of the granting of a degree of this kind. There are, however, undoubtedly many instances where the granting of such a degree would be justifiable and advisable. In the case of special subjects, such as ophthalmology and oto-rhino-laryngology, diplomas are already granted.

A Post-Graduate Medical Education Committee has been

appointed recently by the Minister of Health to draw up a practicable scheme of post-graduate education in London, taking account of the needs of the medical profession of this country and of the members of the profession visiting this country from overseas. The immediate questions to be answered by this Committee are:

1. Is there agreement as to the absolute necessity of a reorganization of post-graduate teaching?

2. Is there agreement on the general recommendations of the Athlone Commission?

3. Is there agreement that such recommendations can only be realized by new buildings? or could the recommendations be reasonably carried out by some method of adaptation of existing hospitals or medical schools?

It may be remembered that the Athlone recommendations suggested the following scheme:

(a) A bureau or clearing-house for all applicants for post-graduate facilities. [This might suitably be at the British Medical Association offices.]

(b) A residential hostel and social centre.

(c) A college, with laboratories, etc.

(d) A modern hospital, fully equipped [100 to 250 beds]. The hospital and college should be in the same building.

(e) Full co-ordination with other hospitals in London and the provinces, in order to provide for the teaching of special subjects and the accommodation of English post-graduates who cannot come up to London.

THE ROYAL SOCIETY OF MEDICINE.

ANNUAL DINNER.

THE annual dinner of the Royal Society of Medicine took place on November 19th, when a company of close upon four hundred gathered at the Hotel Victoria, and Sir STCLAIR THOMSON presided with his customary geniality. Among the principal guests were:

The Right Hon. Neville Chamberlain (Minister of Health), Sir Arthur Robinson (First Secretary of the Ministry), Sir Robert Philip, Dr. R. A. Bolam (Chairman of Council of the British Medical Association), Sir Holburt Waring (President, Medical Society of London), Dr. Vincent Dickinson (Master, Society of Apothecaries), Dr. Howard Humphris (President, Hunterian Society), Sir John Broadbent (President, Harveian Society), Dr. P. Seymour Price (President, Chelsea Clinical Society), Dr. H. W. Armstead (President, West London Medico-Chirurgical Society), Mr. Guy Dawber (President, Royal Institute of British Architects), and Sir Dawson Williams (Editor, *British Medical Journal*).

One of the ceremonies of the evening was the unveiling of a portrait of Sir John MacAlister, until recently secretary of the Society. The portrait, by Mr. Eric Kennington, shows Sir John in his prime, with his books and papers beside him, and the artist has not forgotten to depict the incense of tobacco smoke. The portrait is to be hung in a permanent panel in the hall of the Society's house. The unveiling was performed by Miss Williamson, who was Sir John MacAlister's assistant for twenty years, and a brief acknowledgement was made by Mr. Donald MacAlister, who said that the greatest pleasure of his father's life was to be still in touch with the Society.

THE MINISTER OF HEALTH, in proposing the toast of the Society, remarked on some contrasts between medical men and politicians. "Your results are based upon methods of precision, you draw your conclusions cautiously from fully proved premisses; we, on the other hand, rush into any kind of rash experiment—so I am informed—with an ignorance which is only matched by our irresponsibility. You wait to give your services until they are asked for; we not only prescribe, but I read that we absolutely force our medicines down the throats of our unwilling victims. You practise what you preach; we 'try it on the dog,' and reserve our own liberty of action. You eschew advertisements; we seek the limelight. But there are similarities between us also. Both of us would agree that the public could not do without us short of irremediable disaster. Both of us would agree that the remuneration we receive for our services is totally inadequate. And I rather think that both of us would say with regret that there are members of our professions whose views and whose practices can only be called deplorable."